Exhibit 32

USE BALL POINT PEN ONLY

2 – U550951

Press Down Firmly. You're Making 4 Copies.

DATE: M 09 D 07 Y 88 — RUN NO. 860523

Prehospital Care Report

AGENCY CODE 05188 — VEH. ID. 53317

Name: Unk.
Address: 33 sea side Dr Belle Terre N.Y.
Ph #: Unk
AGE: unk — DOB: M Unk — SEX: M

Agency Name: Port Jefferson Amb
Call Location: Belle Terre 33 Seaside Dr
CHECK ONE: ☒ Residence ☐ Health Facility ☐ Farm ☐ Indus. Facility ☐ Other Work Loc. ☐ Roadway ☐ Recreational ☐ Other
Call Origin: MEDCOM
Dispatch Information: Adult male bleeding

MILEAGE: END 8559 — BEGIN 8549 — TOTAL 10

USE MILITARY TIMES
CALL REC'D 0611
ENROUTE 0621
AT SCENE 0627
FROM SCENE 42
AT DESTIN 44
IN SERVICE
IN QUARTERS 0932

Physician: Unk
Next of Kin: Unk

CALL TYPE AS REC'D: ☒ Emergency ☐ Non-Emergency ☐ Stand-by
INTERFACILITY TRANSFER: ☐ Yes — TYPE OF TRANSFER: ☐ BLS ☐ ALS
HOSPITAL COMMUNICATIONS: ☒ Yes ☒ Directly ☐ Thru Dispatch ☒ VHF ☐ UHF ☐ Phone ☐ No ☐ Communications Difficulties

MECHANISM OF INJURY
☐ MVA (complete seat belt section) ☐ Struck by vehicle ☐ Fall of ___ feet ☐ Unarmed assault ☐ GSW ☐ Knife ☒ Other unk
☐ Extrication required ___ minutes
Seat belt used? ☐ Yes ☐ No ☐ Unknown — Seat Belt Use Reported By ☐ Crew ☐ Patient ☐ Police ☐ Other

CHIEF COMPLAINT: "Bleeding"

SUBJECTIVE ASSESSMENT: Pt found lying supine, unresponsive c spont resps. Survey revealed ear to ear laceration later found to be a circumferencial c subcutaneous fat showing.

PRESENTING PROBLEM
☒ Airway Obstruction ☐ Respiratory Arrest ☐ Respiratory Distress ☐ Cardiac Related (Potential) ☐ Cardiac Arrest
☐ Allergic Reaction ☐ Syncope ☐ Stroke/CVA ☐ General Illness/Malaise ☐ Gastro-Intestinal Distress ☐ Diabetic Related (Potential) ☐ Pain
☒ Unconscious/Unresp. ☐ Seizure ☐ Behavioral Disorder ☐ Substance Abuse (Potential) ☐ Poisoning (Accidental)
☒ Shock ☐ Head Injury ☐ Spinal Injury ☐ Fracture/Dislocation ☐ Amputation ☐ Other
☐ Multiple Trauma ☐ Trauma-Blunt ☐ Trauma-Penetrating ☒ Soft Tissue Injury ☒ Bleeding/Hemorrhage
☐ OB/GYN ☐ Burns — Environmental ☐ Heat ☐ Cold ☐ Hazardous Materials ☐ Obvious Death

PAST MEDICAL HISTORY: ☐ Hypertension ☐ Seizures ☐ COPD ☐ Allergy ☐ Medication ☐ Stroke ☐ Diabetes ☐ Cardiac ☐ Other (List) — Unk

VITAL SIGNS

TIME	RESP	PULSE	B.P.	LEVEL OF CONSCIOUSNESS	GCS	TS	PUPILS	SKIN
	Rate: 42 ☒ Shallow	Rate: 52 ☒ Irregular	210/80	☒ Unresp.			☒ Dilated (R, L); ☒ No-Reaction (R, L)	☒ Pale
	Rate:	Rate:						
	Rate:	Rate:						

OBJECTIVE PHYSICAL ASSESSMENT
☐ Physical Findings Unremarkable

	Head/Neck	Upper Extr.	Chest/Back	Abd/Pelvic	Lower Extr.
1) Pain					
2) Wound					
3) Fracture/Disloc. Open					
4) Fracture/Disloc. Closed					
5) Bleeding/Hemorrhage	X				
6) Loss of Motion/Sensation					
7) Sprain/Strain					
8) Burn ___ Deg ___ %					
9) Internal					

COMMENTS: Pt was mostly covered c dried blood. Upon survey of posterior region no definitive findings of wounds cites or injury because of dried blood and matting of the hair. Pt vomited at scene, Airway was cleared. Mast suit applied & inflated, Pt placed on backboard. Estimated blood loss ≈ 2 l's. Breaths sounds clear bilat c snoring resps. When pt vomited there were "pink chunks" of tissue in Vomitus. S.C.P.D. officer Badge # 2211 was commandeered to Drive Rig to hosp.

TREATMENT GIVEN
☒ Airway Cleared ☐ Oral Airway ☐ Esophageal Obturator Airway/Esophageal Gastric Tube Airway (EOA/EGTA) ☐ EndoTracheal Tube (E/T)
☒ Oxygen Administered @ 15 L.P.M., Method Non Rebreathe Mask
☒ Suction Used ☐ Artificial Ventilation Method
☐ C.P.R. in progress on arrival by: ☐ Citizen ☐ Firefighter ☐ Police Officer
☐ C.P.R. Started @ Time — Time from Arrest Until C.P.R. ___ Minutes
☐ EKG Monitored (Attach Tracing) [Rhythm(s)]
☐ Defibrillation/Cardioversion No. Times ___ With ___ Watt/Sec.

MEDICAL CONTROL INFORMATION
Insurance Data

☐ Medication Administered (Use Continuation Form)
☐ IV Fluid ___ No. Established ___ No. of Attempts
☒ Mast Inflated (Time Inflated: 0630)
☐ Bleeding/Hemorrhage Controlled (Method Used)
☐ Spinal Immobilization ☐ Neck ☐ Back
☐ Limb Immobilized by ☐ Fixation ☐ Traction
☐ (Heat) or (Cold) Applied
☐ Vomiting Induced @ Time ___ Method
☐ Restraints Applied, Type
☐ Baby Delivered @ Time ___ In County ☐ Alive ☐ Stillborn ☐ Male ☐ Female
☒ Other Nasal Airway

DISPOSITION (See list): Mather Hosp — DISP. CODE 5 1 7 — CONTINUATION FORM USED: YES

CREW
IN CHARGE: K. Milan — ☐ EMT ☒ AEMT # 070320
DRIVER'S NAME: ☐ EMS-FR ☐ EMT ☐ AEMT #
NAME: E. Curley — ☐ EMS-FR ☒ EMT ☐ AEMT # 0710806
NAME: K. Hardwick — ☐ EMS-FR ☒ EMT ☐ AEMT # 124983

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